

**State:** Arkansas **Filing Company:** Monumental Life Insurance Company  
**TOI/Sub-TOI:** H14G Group Health - Hospital Indemnity/H14G.000 Health - Hospital Indemnity  
**Product Name:** MLHI5001GR  
**Project Name/Number:** AMA/AGIA HIP PRODUCT/H034-GW

## Filing at a Glance

Company: Monumental Life Insurance Company  
Product Name: MLHI5001GR  
State: Arkansas  
TOI: H14G Group Health - Hospital Indemnity  
Sub-TOI: H14G.000 Health - Hospital Indemnity  
Filing Type: Form  
Date Submitted: 08/17/2012  
SERFF Tr Num: AEGB-128648354  
SERFF Status: Closed-Approved-Closed  
State Tr Num:  
State Status: Approved-Closed  
Co Tr Num: MLHI5000GP - RIDERS  
  
Implementation: On Approval  
Date Requested:  
Author(s): Gillian Wilson  
Reviewer(s): Rosalind Minor (primary)  
Disposition Date: 08/20/2012  
Disposition Status: Approved-Closed  
Implementation Date:  
  
State Filing Description:

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## General Information

Project Name: AMA/AGIA HIP PRODUCT	Status of Filing in Domicile: Not Filed
Project Number: H034-GW	Date Approved in Domicile:
Requested Filing Mode:	Domicile Status Comments:
Explanation for Combination/Other:	Market Type: Group
Submission Type: New Submission	Group Market Size: Large
Group Market Type: Association, Trust	Overall Rate Impact:
Filing Status Changed: 08/20/2012	
State Status Changed: 08/20/2012	Deemer Date:
Created By: Gillian Wilson	Submitted By: Gillian Wilson
Corresponding Filing Tracking Number:	

### Filing Description:

The enclosed rider forms are being filed for your review and approval. These riders will be used with the Group Hospital Indemnity - MLHI5000GP product filing previously submitted and approved on July 10, 2012 under SERFF filing AEGB-128478429

- Form MLHI5001GR - AD&D Rider provides a benefit in case of accidental death or dismemberment
- Form MLHI5002GR - Pregnancy Indemnity Benefit Rider provides a benefit for hospital confinement resulting from a normal pregnancy.
- Form MLHI5003GR - Recuperation Benefit Rider provides benefit for expenses incurred during recuperation.
- Form MLHI5004GR - Inpatient Surgical and Anesthesia Benefit Rider provides an additional benefit for inpatient surgery and the expenses for anesthesia.

## Company and Contact

### Filing Contact Information

Gillian Wilson,	gillian.wilson@transamerica.com
100 Light Street, Floor B1	410-209-5237 [Phone]
Baltimore, MD 21202-2559	

### Filing Company Information

Monumental Life Insurance Company	CoCode: 66281	State of Domicile: Iowa
4333 Edgewood Road NE	Group Code: 468	Company Type:
Cedar Rapids, IA 52499	Group Name:	State ID Number:
(319) 355-7888 ext. [Phone]	FEIN Number: 52-0419790	

## Filing Fees

Fee Required?	Yes
Fee Amount:	\$200.00
Retaliatory?	Yes
Fee Explanation:	Situs state has no fee requirements \$50 times 4 forms = \$200
Per Company:	No

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Company	Amount	Date Processed	Transaction #
Monumental Life Insurance Company	\$200.00	08/17/2012	61783218

**SERFF Tracking #:**

AEGB-128648354

**State Tracking #:**

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MLHI5000GP - RIDERS

**State:**

Arkansas

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**TOI/Sub-TOI:**

H14G Group Health - Hospital Indemnity/H14G.000 Health - Hospital Indemnity

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	08/20/2012	08/20/2012

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**State Tracking #:****Company Tracking #:**

MLHI5000GP - RIDERS

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## Disposition

Disposition Date: 08/20/2012

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification	Approved-Closed	Yes
Supporting Document	Application	Approved-Closed	Yes
Supporting Document	Reg 19 Certification	Approved-Closed	Yes
Form	AD&D Rider	Approved-Closed	Yes
Form	Pregnancy Indemnity Benefit Rider	Approved-Closed	Yes
Form	Recuperation Benefit Rider	Approved-Closed	Yes
Form	Inpatient Surgical and Anesthesia Benefit Rider	Approved-Closed	Yes

State: Arkansas

Filing Company:

Monumental Life Insurance Company

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## Form Schedule

### Lead Form Number: MLHI5001GR

Item No.	Schedule Item Status	Form Number	Form Type	Form Name	Action/ Action Specific Data	Readability Score	Attachments
1	Approved-Closed 08/20/2012	MLHI5001GR	POLA	AD&D Rider	Initial:	48.100	MLHI5001GR AD&D Rider.pdf
2	Approved-Closed 08/20/2012	MLHI5002GR	POLA	Pregnancy Indemnity Benefit Rider	Initial:	44.300	MLHI5002GR Pregnancy Indemnity Benefit Rider.pdf
3	Approved-Closed 08/20/2012	MLHI5003GR	POLA	Recuperation Benefit Rider	Initial:	43.000	MLHI5003GR Recuperation Benefit Rider.pdf
4	Approved-Closed 08/20/2012	MLHI5004GR	POLA	Inpatient Surgical and Anesthesia Benefit Rider	Initial:	41.500	MLHI5004GR Inpatient Surgical Anesthesia Benefit Rider.pdf

### Form Type Legend:

<b>ADV</b>	Advertising	<b>AEF</b>	Application/Enrollment Form
<b>CER</b>	Certificate	<b>CERA</b>	Certificate Amendment, Insert Page, Endorsement or Rider
<b>DDP</b>	Data/Declaration Pages	<b>FND</b>	Funding Agreement (Annuity, Individual and Group)
<b>MTX</b>	Matrix	<b>NOC</b>	Notice of Coverage
<b>OTH</b>	Other	<b>OUT</b>	Outline of Coverage
<b>PJK</b>	Policy Jacket	<b>POL</b>	Policy/Contract/Fraternal Certificate
<b>POLA</b>	Policy/Contract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider	<b>SCH</b>	Schedule Pages

## ACCIDENTAL DEATH [AND DISMEMBERMENT] RIDER

This Accidental Death [and Dismemberment] Rider is a part of the Policy [and] [Certificate] to which it is attached. It is issued in consideration of the application and the continued payment of any premium.

We will pay the Accidental Death Benefit shown on the schedule when we receive proof that the Covered Person died as a result of an Injury, provided death occurred within 365 days of the Injury.

We will pay a Dismemberment benefit when we receive proof that the Covered Person suffered a Covered Loss as a result of an Injury. The benefit will be the percentage shown in the table below based on the Accidental Death benefit, shown in the Schedule.

The Accidental Death or Dismemberment must occur while the Policy and this Rider are in force.

<u>Covered Loss</u>	<u>Percentage of Benefit</u>
Loss of both hands	100%
Loss of both feet	100%
Loss of the sight of both eyes	100%
Loss of one hand and one foot	100%
Loss of one hand and the sight of one eye	100%
Loss of one foot and the sight of one eye	100%
Loss of one hand	50%
Loss of one foot	50%
Loss of the sight of one eye	50%
Loss of thumb and index finger of either hand	50%

The Loss must occur within 365 days of the Injury. If the Covered Person sustains more than one Loss from one accident, we will pay for the Loss that has the greatest benefit. If the Covered Person has sustained the Loss of one hand, one foot, or the sight of one eye prior to his Effective Date of Insurance, we will pay any future benefit without reference to the prior Loss. If the Covered Person has sustained the Loss of one hand, one foot, or the sight of one eye while covered under this Rider, and later sustains an additional Loss from a separate accident, we will pay the later benefit without reference to the prior Loss.

### EXPOSURE AND DISAPPEARANCE

We will pay a benefit when a Covered Person suffers a Covered Loss due to an Injury from unavoidable exposure to the elements.

We will presume an accidental death and pay a benefit if a Covered Person is not found within one year after the disappearance, sinking or wrecking of a conveyance in which the Covered Person was a passenger.

**COVERED LOSS** means:

- (1) with respect to hands or feet, complete severance at or above the wrist or ankle joints respectively; and
- (2) with respect to eyes, total and irrecoverable loss of sight;
- (3) with respect to thumb and index finger, complete severance at or above the metacarpophalangeal joint.

**ADDITIONAL EXCLUSIONS**

The following exclusions are in addition to any exclusions found in the Policy. We will not pay a benefit under this Rider for a loss caused by, resulting from or contributed to:

- (1) declared or undeclared war or any act of war;
- (2) Sickness or its medical or surgical treatment, including diagnosis;
- (3) bacterial infection, except through a wound accidentally sustained;
- (4) participating in a riot; or committing an assault or felony;
- (5) alcohol intoxication, as defined in the state where the accident occurred;
- (6) taking of any drug, medication, narcotic or hallucinogen, except as prescribed by a Physician;
- (7) operating or riding in any kind of aircraft, except as a fare-paying passenger on a regularly scheduled commercial flight;
- (8) taking of alcohol in combination with any drug, medication or sedative;
- (9) voluntary gas inhalation or poison voluntarily taken, administered or inhaled.

This benefit will be paid in addition to any other benefits payable under the Policy.

Benefits are subject to all the terms of the Policy. This Rider does not waive, alter or extend any provisions or limitations of the Policy except to the extent shown above.

This Rider takes effect and expires concurrently with the Policy to which it is attached.

**Monumental Life Insurance Company**

*N Stacy Boyer*

**Secretary**

*Jenna Clancy*

**President**



## RECUPERATION BENEFIT RIDER

This Recuperation Benefit Rider is a part of the Policy [and] [Certificate] to which it is attached. It is issued in consideration of the application and the continued payment of the required premium.

We will pay the Recuperation Benefit shown on the schedule when we receive proof that, as a result of an Injury or a Sickness, the Covered Person has been Confined in a Hospital and was discharged from the Hospital, provided the Hospital Confinement began and ended while the Covered Person is insured under this Policy and Rider.

This Benefit will be paid for the same number of days the Covered Person received Hospital Indemnity Daily Benefits, subject to the Amounts and Limits stated in the schedule.

Successive periods of Hospital Confinement will be considered as separate periods for determining this Benefit, unless:

- (1) the new period of Hospital Confinement is due to the same cause or causes as the prior one; and
- (2) the new period of Hospital Confinement starts less than {six months} after the prior one stopped.

This benefit will be paid in addition to any other benefits payable under the Policy.

Benefits are subject to all terms and conditions of the Policy [including any coinsurance requirements]. This Rider does not waive, alter or extend any provisions or limitations of the Policy except to the extent shown above.

[This Rider takes effect and ends concurrently with the Policy and any Certificate to which it is attached, as long as premiums are paid.]

### Monumental Life Insurance Company



**Secretary**



**President**

## [INPATIENT] SURGICAL AND ANESTHESIA BENEFIT RIDER

This Surgical and Anesthesia Rider is a part of the [Policy] [and] [Certificate] to which it is attached. It is issued in consideration of the application and the continued payment of the required premium.

Upon receipt of due proof that a surgical procedure is performed on a Covered Person [while he is Hospital Confined,] we will pay Expenses for the procedure. This benefit will pay the amount shown on the schedule for each Operative Session not to exceed the calendar year maximum. The benefit is subject to the Lifetime Maximum amount for this benefit.

Upon receipt of due proof that a Covered Person incurred expenses for the services of an Anesthesiologist during an Operative Session, we will pay Expenses for an Anesthesiologist who is not employed by the Hospital. The benefit payable will not exceed the Maximum Benefit shown on the schedule for each Operative Session.

**Anesthesiologist** means a Physician who specializes in anesthesiology.

**Operative Session** means the continuous period of time during which surgical procedures are performed, regardless of the number of procedures or the number of surgical incisions.

This benefit will be paid in addition to but will not duplicate any other benefits payable under the Group Policy.

Benefits are subject to all other terms and conditions of the Group Policy. This Rider does not waive, alter or extend any provisions or limitations of the Group Policy except to the extent shown above.

[This Rider takes effect and ends concurrently with the Certificate to which it is attached.]

### Monumental Life Insurance Company



Secretary



President

**SERFF Tracking #:**

AEGB-128648354

**State Tracking #:****Company Tracking #:**

MLHI5000GP - RIDERS

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## Supporting Document Schedules

		<b>Item Status:</b>	<b>Status Date:</b>
Satisfied - Item:	Flesch Certification	Approved-Closed	08/20/2012
Comments:			
Attachment(s):			
AR_Flesch Certification.pdf			

		<b>Item Status:</b>	<b>Status Date:</b>
Bypassed - Item:	Application	Approved-Closed	08/20/2012
Bypass Reason:	N/A		
Comments:			

		<b>Item Status:</b>	<b>Status Date:</b>
Satisfied - Item:	Reg 19 Certification	Approved-Closed	08/20/2012
Comments:			
Attachment(s):			
AR_Regulation 19 Certification.pdf			

## READABILITY CERTIFICATION

Name of Company: Monumental Life Insurance Company  
Re: MLHI5001GR, et al

This will certify that the submission meets readability requirements and complies with the Life and Health Policy Language Simplification Act. The Flesch Reading Ease Score for this form is shown below.

FORM NUMBER	FLESCH SCORE
MLHI5001GR	48.1
MLHI5002GR	44.3
MLHI5003GR	43.0
MLHI5004GR	41.5



8/17/2012

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Cheryl Bock  
Assistant Vice President

**MONUMENTAL LIFE INSURANCE COMPANY**  
**Home Office: Cedar Rapids, Iowa**

**REGULATION 19 CERTIFICATION**

**Form MLHI5001GR, MLHI5002GR, MLHI5003GR, MLHI5004GR**

We certify that, to the best of our knowledge and belief, this submission meets the provisions of Rule and Regulation 19 as well as all applicable requirements of the Insurance Division of the State of Arkansas.

*Cheryl Bock*

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Cheryl Bock  
Assistant Vice President

08-17-2012

Date